

Medically Necessary WIC Approved Formula Request Form



Participant Name: _____ Date of Birth: _____ Today's Date: _____

Please complete **Parts A and B** to prescribe a **Medical Formula**. All requests are subject to WIC staff approval.

A. Medical Formulas/Nutritional Products		
Please check the requested formula, specify the amount, include the diagnosis, and the length of time the formula is necessary. Prescribed Amount: <input type="checkbox"/> Maximum Allowable OR _____ per day		
Infant Products: <i>Hypoallergenic:</i> <input type="checkbox"/> Alimentum <input type="checkbox"/> Elecare <input type="checkbox"/> Neocate <input type="checkbox"/> Nutramigen Enflora LGG <input type="checkbox"/> Pregestimil <input type="checkbox"/> PurAmino <i>Premature/Low Birth Weight:</i> <input type="checkbox"/> Enfacare <input type="checkbox"/> Neosure <i>Contract Formula:</i> <input type="checkbox"/> Enfamil Prosobee <input type="checkbox"/> Similac Advance <input type="checkbox"/> Similac Sensitive <input type="checkbox"/> Similac for Spit Up <input type="checkbox"/> Similac Total Comfort <i>Other:</i> <input type="checkbox"/> _____	Pediatric and Adult Products: <input type="checkbox"/> Boost Kid Essentials <input type="checkbox"/> Boost Original (adult) <input type="checkbox"/> Bright Beginnings Pediatric Drink (Soy) <input type="checkbox"/> Carnation Breakfast Essentials <input type="checkbox"/> Compleat Pediatric <input type="checkbox"/> Elecare Junior <input type="checkbox"/> Ensure (adult) <input type="checkbox"/> EO28 Splash <input type="checkbox"/> Neocate Junior <input type="checkbox"/> Nutren Junior <input type="checkbox"/> Nutramigen Toddler <input type="checkbox"/> Pediasure <input type="checkbox"/> Pediasure Peptide <input type="checkbox"/> Peptamen Junior <input type="checkbox"/> Tolorex <input type="checkbox"/> Vivonex Pediatric <input type="checkbox"/> Other: _____ <i>Specify special versions of formula (i.e 1.5 kcal/oz., with fiber, enteral, etc.)</i>	Diagnosis: <input type="checkbox"/> Milk protein allergy <input type="checkbox"/> Soy protein allergy <input type="checkbox"/> Malabsorption <input type="checkbox"/> Prematurity <input type="checkbox"/> Low or Very Low Birth Weight <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Oral Motor Feeding Problems <input type="checkbox"/> Other (please specify): _____ Length of Time Formula is Requested: <input type="checkbox"/> Months of Age*: _____ <input type="checkbox"/> To 1 year adjusted age <input type="checkbox"/> To the end of certification <input type="checkbox"/> Other Date: _____ <i>*Infants should be re-assessed at 6 months for supplemental food readiness</i>
B. Supplemental Foods (for Infants 6 months and older, Children and Women)		
Please review the food packages to be issued on the back and check the appropriate issuance for the participant below, or; <input type="checkbox"/> Defer to Local WIC Registered Dietitian to determine appropriate supplemental foods and length of time of their issuance.		
Infants (6-12 months) <input type="checkbox"/> Provide full food package <input type="checkbox"/> Issue medical formula only (no foods) Delete the following items from the food package: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant vegetables/fruit <input type="checkbox"/> Infant meats	Children and Women <input type="checkbox"/> Provide full food package <input type="checkbox"/> Issue Whole Milk (children >2 and women) in addition to medical formula (Part A) <input type="checkbox"/> Issue medical formula only (no foods) Delete the following items from the food package: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cow's Milk <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Eggs <input type="checkbox"/> Whole Grains <input type="checkbox"/> Tuna/Salmon </div> <div> <input type="checkbox"/> Cheese <input type="checkbox"/> Cereal <input type="checkbox"/> Fruits/Vegetables <input type="checkbox"/> Dry/Canned Beans <input type="checkbox"/> Juice </div> </div>	Special Instructions/Restrictions <input type="checkbox"/> Substitute soy beverage for cow's milk <input type="checkbox"/> Substitute goat's milk for cow's milk <input type="checkbox"/> Other: _____

Health Care Provider Name (Printed): _____ (Signature): _____ Phone Number: _____

Effective 10/01/2014

Prescribing Medical Formula and Supplemental Foods
for Montana WIC Participants



WIC participants with qualifying medical conditions are eligible to receive medical formula with the maximum amount based on the participant's age and category. Infants six months and older, children and women may also receive supplemental foods for their category, as listed below.

If a participant may receive the full amount of formula as listed below, please check the "Maximum Allowable" box under Medical Formula (Part A) on the front page. If a participant is to receive less, or an item is to be deleted, please indicate the item in the same box.

For Supplemental Foods, Part B, please review the WIC supplemental foods below and indicate on the front page which foods to delete or substitute for the participant. If a participant may receive the full food package, please mark the box indicating this. Please add any special instructions or information if you would prefer to have the WIC RD select and assign the supplemental foods please check the box in part B..

	0-3 months	4-5 months	6-11 months	6-11 months (when solids are contraindicated)
Infant Formula:				
Powder (reconstituted)	Up to 870 oz.	Up to 960 oz.	Up to 696 oz.	Up to 960 oz.
Concentrate (reconstituted)	Up to 806 oz.	Up to 884 oz.	Up to 624 oz.	Up to 884 oz.
Ready-to-feed	Up to 832 oz.	Up to 896 oz.	Up to 640 oz.	Up to 896 oz.
Infant Foods:				
Infant Cereal	None	None	3 8 oz. containers	None
Infant Vegetables/Fruits	None	None	32 4-oz. jars (formula fed) 64 4-oz. jars (fully breastfed)	None
Infant Meats (Fully breastfed only)	None	None	31 4-oz. jars	

Children 1-5 years
Up to 910 oz. formula
4 gallons milk*
2 64-oz. bottles juice
36 oz. cereal
1 dozen eggs
\$8 fruit and vegetable benefit
18 oz. peanut butter or 1 lb. dry beans or 4 16-oz. canned beans
2 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas

Fully Breastfeeding Women	Pregnant or Substantially Breastfeeding Women	Partially and Non-Breastfeeding Women
Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula
6 gallons milk and 1 lb. cheese	5 1/2 gallons milk*	4 gallons milk*
3 48-oz. juice	3 48-oz. juice	2 48-oz. juice
36 oz. cereal	36 oz. cereal	36 oz. cereal
2 dozen eggs	1 dozen eggs	1 dozen eggs
\$10 fruit and vegetable benefit	\$10 fruit and vegetable benefit	\$10 fruit and vegetable benefit
18 oz. peanut butter AND 1 lb. dry beans or 4 16-oz. cans beans	18 oz. peanut butter AND 1 lb. dry beans or 4 16-oz. cans beans	18 oz. peanut butter or 1 lb. dry beans or 4 16-oz. cans beans
1 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas	1 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas	None
30 oz. tuna or pink salmon	None	None

*Cheese may be substituted for some milk.

Please contact your local WIC agency with any questions.